East Central Catholic Schools

PERMISSION TO POST STUDENT MEDICAL INFORMATION

The Freedom of Information and Protection of Privacy (FOIP) Act sets controls and standards on how school boards collect, use and disclose, and dispose of the personal information in their custody or under their control.

Because it is important to quickly identify the type of medical attention required by a student in need of medical treatment, we are requesting your permission to post your child's information (student's name, picture, and medical information) as listed on the Medical Alert Form in the staff room. We understand that the student's medical information is provided to us in confidence and it will be protected and used in compliance with the FOIP Act.

I_____ hereby grant consent to
(parent/guardian)

East Central Catholic Schools to post my child's information as listed ant

Described on the Medical Alert Form.

_____

Full Name of Student

_____

Signature of Parent/Guardian

_____

Date

Questions or concerns regarding this information may be directed to:
East Central Catholic Schools at 1018 1 Ave, Wainwright, AB T9W 1G9
Phone: 780-842-3992